

Foster Family Home - Corrective Action Report

Provider ID: 1-180006

Home Name: Reymando Fiesta, CNA

Review ID: 1-180006-3

94-1260 Peke Place B

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 1/28/2019

Foster Family Home Required Certificate

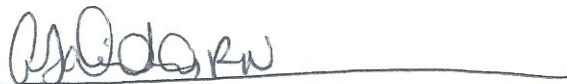
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

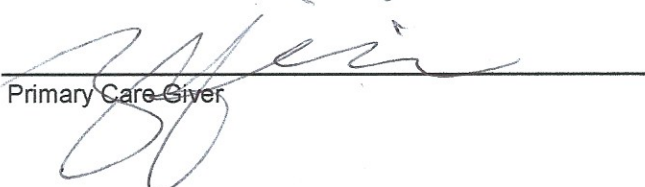
Comment:

Home visit for a 2 person CCFFH recertification review made on 1/28/2019.

6.(d)(1) - Home in compliance with all requirements.


Compliance Manager

1/28/19


Primary Care Giver

01-28-2019
Date